

New York State
Department of Health

Adoption Information Registry
Adoptee Registration Form

COMPLETE THIS APPLICATION
AND RETURN TO:

New York State Department of Health
Adoption Information Registry
P.O. Box 2602
Albany, New York 12220-2602
(518) 474-9600

REGISTRY NUMBER _____
DATE _____

OFFICIAL USE ONLY

NOTE: This registration can be accepted only if the adoptee was born and **adopted** in New York State. **Complete as much information as possible and include a copy of adoptee's birth certificate and adoption order, if available.**

Please indicate if this registration is for: (check all that apply)

- ☐ **Non-identifying information (*)** -- Available general and medical information about biological parents at time of adoption.
- ☐ **Non-identifying Medical Information (**)** -- Updated medical information, if/when submitted by biological parents after the adoption.
- ☐ **Identifying information (***)** - About biological parents, if/when registered.
- ☐ **Identifying Information (***)** - About biological siblings, if/when registered.

(*) Adoptee must be 18 years of age or older.

(**) No age restriction, but adoptive parent must sign this registration, if adoptee is under 18 years of age.

(***) Adoptee must be 18 years of age or older. Unless this box is checked, you will not be notified of a match even if your birth parents or biological siblings are registered.

Note: If the Adoption Registry determines that an agency was involved in your adoption, non-identifying and identifying information will be released to you by the agency .

- ☐ Check box, if you do not want the information released by the agency that handled your adoption. If the box is checked, the New York State Department of Health will obtain the information from the agency and share it with you.

PLEASE COMPLETE ALL INFORMATION. MISSING INFORMATION MAY DELAY PROCESSING.

1. Name and address of adoptee

LAST	FIRST	MIDDLE	MAIDEN
MAILING ADDRESS		STREET	CITY/TOWN
STATE		ZIP CODE	TELEPHONE NUMBER

2. Date of birth of adoptee

MONTH	DAY	YEAR

3. Adoptive parents

A. MOTHER:	LAST	FIRST	MIDDLE	MAIDEN
B. FATHER:	LAST	FIRST	MIDDLE	
C. ADDRESS AT TIME OF ADOPTION, if known	STREET		CITY/TOWN	
STATE	ZIP CODE			

4. Place of birth of adoptee

HOSPITAL, if known	
CITY, TOWN OR VILLAGE	COUNTY/BOROUGH

5. Indicate the name of the agency and court of adoption, if known

A. NAME OF AGENCY _____

CITY, TOWN OR VILLAGE _____

COUNTY/BOROUGH _____

☐ Check box if you have already received non-identifying information from adoption agency.

Date received:

MONTH	DAY	YEAR

MONTH	DAY	YEAR

B. NAME OF COURT _____

C. DATE OF ADOPTION _____

6. Is the adoptee in contact with birth brother(s) and/or sister(s)?

☐ YES ☐ NO If yes, please provide the following information for each sibling with whom adoptee is in contact.

NAME	DATE OF BIRTH	ADDRESS (include zip code)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

7. Signature and Notarization.

State of _____ }
County of _____ } SS.

I solemnly attest that all of the information provided on this application is true and accurate to the best of my knowledge under the penalty of perjury.

SIGNATURE OF REGISTRANT
Signature must be notarized

NOTE: Adoptive Parent must sign if the adoptee is under 18 years of age. Notarization must include Notary's stamp or raised seal.

Sworn to before me this _____ Day

Of _____, _____.

Notary Public